

company and cajole and argue and call their State legislator and call their Congressman and push the insurance company to do the right thing. What does that do? If you are suffering from breast cancer and you have to deal with your illness and all those issues and you have to deal with an insurance company, what kind of health care system is that?

The last letter I will read, and then turn the floor over to Senator KLOBUCHAR, is from Dan from Butler County, just north of Cincinnati. Dan writes:

I am 47 years old. My wife and I are among the working poor in this country. We live in a very modest home with typical household expenses: A car, a school loan, a few thousand dollars of credit, and other bills. But starting in 2010, our health care expenses will nearly equal our monthly mortgage payments.

I have been diabetic since age 4. Twenty years ago I got a kidney transplant. But today, I can't pay for the increased health premiums my insurance company charges me. I can't pay the doctor bills and keep my house and my car at the same time. It will eventually come down to not seeing a doctor or not taking my medication in order to keep my house.

Had I known before that getting a kidney transplant in 1988 would be a preexisting condition today, I would have declined it and not put the financial burden on my parents, myself, and my wife.

So here is a gentleman in Middletown, Hamilton, in that area of Ohio. Dan works every day, working poor, making \$10, \$12 an hour, barely making it, working hard every day. He has to make a choice: house payment, medication, insurance payment. He can't do all three. Maybe he can't even do two of those. When somebody is working that hard and playing by the rules and doing what we ask of them in this country, which is to work hard, raise your kids, go to school, contribute to your community, Dan doesn't have that opportunity because of what has happened to health care costs.

Our bill will help people such as Dan. If he doesn't have insurance or he can't afford that insurance, he can go into an insurance exchange, choose a menu of plans: CIGNA or Aetna or WellPoint or he can choose the public option, which will mean no more preexisting condition, no more denial of care, no more limits if you get sick and it gets expensive. It will keep the insurance companies honest, allow them to compete, and bring the prices down. That is why the public option will make this health care bill even better than it would be otherwise. It is the least we can do. It is what we have to do for our Nation.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I think the Republican leader is here and he will go before me.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

Mr. McCONNELL. Mr. President, I thank my friend from Minnesota for giving me an opportunity to make my opening remarks. I appreciate it very much.

TRIBUTE TO DAN INOUE

Mr. McCONNELL. Mr. President, it is a pleasure for me to call attention to someone who rarely calls attention to himself. Today, our friend, Senator INOUE, reaches a very lofty milestone, and we honor him for his achievement. It is an opportunity to call attention not only to his dedication to the people of Hawaii but also to a remarkable American story.

Senator INOUE was only 17 when he heard the sirens over Honolulu and saw the gray planes flying overhead, but he was old enough to know nothing would be the same. At the time, he dreamed of being a surgeon. A few years later, a medic would be taking care of him after his heroic actions in the Italian mountains, for which he would later receive our Nation's most prestigious award for military valor.

DAN INOUE's dream of being a surgeon was not realized. There were other things in store. Instead, he became a member of one of the most decorated U.S. military units in American history and one of our Nation's longest serving and finest Senators.

We are periodically reminded of Senator INOUE's deep commitment to service, such as earlier this month when he traveled to Afghanistan and Pakistan to check in on our troops and ensure their well-being. It was an arduous journey for anyone, let alone a Senator who has served so long.

Senator, thank you for your service and for your example and congratulations on your achievement.

MEDICARE CUTS

Mr. McCONNELL. Mr. President, at the moment, the final details of the Democratic health care plan are largely unknown to the American people. That is because those details are being worked out in private by a handful of senior Democrats and White House officials, but we do know the basics.

The Democratic bill will be about 1,500 pages long, it will cost \$1 trillion, it will raise insurance premiums and taxes, and it will slash Medicare for seniors by about $\frac{3}{2}$ trillion over the next 10 years. This much we know.

We also know where some of these cuts will be made. More than \$120 billion in Medicare cuts for hospitals that care for seniors; more than \$130 billion in cuts to Medicare Advantage, a program for seniors; more than \$40 billion in cuts to home health agencies; and nearly \$8 billion in cuts to hospice care. These are major cuts with serious consequences.

Just yesterday I heard about some of these consequences when I met with a group that represents hospices across Kentucky, including Phillip Marshall,

from my hometown of Louisville, who explained the situation. He told me these vital facilities depend on Medicare for most of their costs and that they make up most of the rest through charitable giving and through the generosity of many dedicated volunteers. He also told me he has been following the debate in Congress, and he is concerned the proposed cuts he is hearing about would have a serious effect on hospice care. He is not alone.

Last month, I received a letter from Brandy Cantor with the Kentucky Association of Hospice and Palliative Care. She told me about the tremendous emotional and spiritual support hospice care workers provide each year to thousands of Kentuckians at the end of their lives, and she also told me that the cuts to these programs would have a devastating effect on the good work these facilities do.

I got another letter last month from a Kentucky nurse named Victoria Scarborough. She started out by telling me she supports health care reform, as we all do, and she wrote, with evident pride, about the excellent care the caring people who work in her facility are able to provide. To prove it, she related some of the comments she has received from patients. One hospice patient wrote that she didn't know what she would have done without hospice. Another said she had been treated "with the utmost care, love, and concern."

This is the kind of care everyone deserves and which we all hope our loved ones would receive during a serious illness. But according to Ms. Scarborough, the hospice cuts currently being proposed would have a serious adverse effect on care.

I know the bill writers support the compassionate work that is provided by hospice care across the country. By mentioning these letters, I don't mean to imply otherwise. But I do believe we need to be aware of how these cuts will affect real people, and these are just the cuts to hospice care, which represent only a fraction of the cuts that are being proposed.

Some of my colleagues will speak today about the dangers of these Medicare cuts. They will also talk, as I have many times, about the wrongheadedness of using Medicare as a piggy bank to fund a further expansion of government health care. We need to strengthen Medicare and preserve it for today's seniors and future generations, not slash it to create more programs that are bound to have the same fiscal problems Medicare, Medicaid, and Social Security already have.

I understand the problem of the bill writers. It is not easy to raise \$1 trillion, particularly at a time when Americans are clamoring for a reduction of our record deficits and ballooning debt, but slashing Medicare is not the way to go.

Republicans have suggested another way, and that is commonsense, step-

by-step reforms that address the problems at hand without raising premiums, raising taxes or cutting Medicare. Unfortunately, those proposals have been rejected.

As a result, the threat of these massive cuts to Medicare remains. This is not the kind of health care reform America's seniors bargained for.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Minnesota is recognized.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent to speak for up to 10 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

FOOD SAFETY

Ms. KLOBUCHAR. Mr. President, today the Senate Health, Education, Labor, and Pensions Committee is holding a hearing to discuss the need to reform our Nation's outdated, underfunded, and overwhelmed food safety system. The focus, of course, in Washington right now is on health care. I truly believe we need to get a health care reform bill passed, and I will speak at another time about Medicare costs which the Republican leader addressed. It is my view that if we don't do anything to reform Medicare, we all know it is going in the red by 2017. We all know that if we continue the path we are following—if we don't bring higher quality standards into Medicare at lower costs—that is not good for anyone. It is certainly not good for our seniors. So based on my health care experience in my State and knowing what our State needs, we want to have that high-quality, low-cost focus, and that is what we are working to do on this bill.

Today, I am here on another health matter; that is, the health of our food safety system. The hearing today and recent actions by the administration are good steps forward to ensure the safety of our food supply, but more must be done. The time to act is now. Why is the time to act now? Well, look at what has been going on.

In the past few months, the recalls of peanut products, spinach, and cookie dough have shaken our confidence and trust in the food we eat. According to the Centers for Disease Control, foodborne disease causes about 76 million illnesses, 325,000 hospitalizations, and 5,000 deaths in the United States each year.

Last fall, hundreds of people across the country fell ill from salmonella. In this case, the source was finally traced to a peanut processing plant in Georgia. In the meantime, nine people died from salmonella poisoning, including three people in my home State, the State of Minnesota.

The first responsibility of government is to protect its citizens. As Members of Congress, we must act quickly to pass tough new laws to

strengthen our food system to ensure the health and safety of the American people. Americans spend more than \$1 trillion on food every year, and when families go to the grocery store or out to eat or wherever they are going to get a bite to eat, they shouldn't have to worry about getting sick from the food they eat.

I have joined with a bipartisan group of Senators to introduce the Food Safety Modernization Act of 2009, which would overhaul the Federal Government's food safety program. Other co-sponsors include DICK DURBIN, JUDD GREGG, RICHARD BURR, CHRIS DODD, LAMAR ALEXANDER, and SAXBY CHAMBLISS. I wish to particularly thank Senator DURBIN for his long-time leadership on this issue.

Whenever contaminated food is allowed to reach consumers, public trust in the integrity of our food supply and the effectiveness of our government is undermined. Think about it. The three people who died in Minnesota, one was an elderly woman at a nursing home. She was in perfectly good shape. She had a little piece of toast with peanut butter. That was it, a little piece of toast with peanut butter. In talking to her son, I learned so much about her and what a courageous woman she was. She ate one piece of toast with peanut butter.

This bill will give the Food and Drug Administration the tools and authority for better inspections and a more responsive recall system. The bill will also improve our capacity to prevent foodborne outbreaks by helping food companies develop a national strategy to protect our food supply and allow the FDA greater access to facility records in a food safety emergency.

Currently, the FDA does not have the resources to conduct annual inspections at the more than 150,000 food processing plants and warehouses in the country. Our bill requires annual inspections at facilities that pose the greatest risk to the American public and will go a long way toward ensuring the protection of our Nation's food supply. Think of it. Something such as a peanut butter facility, they don't think they are ever going to be inspected, no one is going to be looking, so they don't have that incentive every year to improve their food processing capability. They don't have that incentive. They don't worry that anyone is watching over their shoulder because they are not.

This bill also takes steps to improve our capacity to detect and respond to foodborne illness outbreaks, but I believe there is still more that can and should be done. That is why, along with Senator CHAMBLISS, I have introduced the Food Safety Rapid Response Act.

This legislation focuses on the Centers for Disease Control, as well as State and local capability for responding to foodborne illnesses. The recent outbreaks demonstrate that there needs to be better coordination when responding to a food safety crisis. This

legislation seeks to make these much needed improvements.

In the case of both the jalapeno pepper outbreak last year and the peanut butter outbreak earlier this year, people had been getting sick for months before an advisory was issued. The breakthrough in identifying the sources of contamination didn't come from the Centers for Disease Control. Neither did the jalapeño pepper case, identified first as tomatoes, or the peanut butter case. It didn't come from the CDC or from the FDA, and it didn't come from the National Institutes of Health.

The breakthrough in both outbreaks came from the work of the Minnesota Department of Health and the Minnesota Department of Agriculture, as well as collaborative efforts with the University of Minnesota School of Public Health. This initiative has earned a remarkable national reputation.

The Food Safety Response Act uses the exceptional work done in Minnesota as a national model for food safety. Why does someone have to get sick or die in Minnesota before a national outbreak is solved? They have a team of graduate students who work together under the supervision of the university and the department of health. They, together, figure out what is wrong. They make the calls together. They are like food detectives. Some people have called them "team diarrhea." They figure out what is wrong, what goes on in other States. Sometimes a report in an individual county sits on a busy nurse's desk and they don't follow up on it for weeks and we are never able to piece together that information that figures out and solves the source of the outbreak.

This bill would direct the CDC to enhance their foodborne surveillance systems to improve the collection, analysis, reporting, and usefulness of data on foodborne systems, including better sharing of information among Federal, State, and local agencies, as well as with the food industry and the public.

Second, it would direct the CDC to work with State-level agencies to improve foodborne illness surveillance.

Finally, this legislation would establish food safety centers of excellence. The goal is to set up regional food safety centers at select public health departments and higher education institutions. These collaborations would provide increased resources, training, and coordination for State and local officials. In particular, they would seek to distribute food safety "best practices" so other States can figure out how they can do this better so every food outbreak doesn't need to have someone get sick or die in Minnesota before it gets solved.

Think about it. The two recent food outbreaks only got solved in one State. We have to use that model nationally.

Dr. Osterholm, at the University of Minnesota, is a national food safety expert and is credited with the creation of the Minnesota program. He said the